

PROJECT NAME: _____
PROJECT ADDRESS: _____ Suite #: _____

Property Folio Number: _____

Please verify that all documents submitted (plans, applications, surveys, etc.) show the same project address and information.

Instructions for using this form:

- 1) This form gives a general list of items required for approval of a Building Permit by DERM. Please be aware this is a general list not all items apply to all projects.
- 2) Items have been listed under a broad category with various more specific required items listed under those categories. Please check the boxes for those general headings that apply for your project, and then check off the items you have provided.
- 3) All items are shown with either a white check-off box or a shaded check-off box. Items, be it a broad category or a specific item, with a white box are required when applicable. *Those items with a shaded box are absolutely required.* Any specific item with a shaded box, which is listed under a broad category with a white box, is only required if the broad category applies.
- 4) This list is formatted to be submitted as a statement or affirmation regarding the items listed. This checklist is required to be signed.

☐ **Current Property Survey/Site Plan; Shows all lot dimensions including elevations**

☐ **THIS IS A TENANT INITIATED PROJECT, LETTER OF AUTHORIZATION FROM THE MIAMI-DADE AVIATION DEPARTMENT (MDAD) HAS BEEN PROVIDED**

☐ **FLOOD PLAIN:** Site Plan showing the following elevations; See Sheet(s); _____

<input type="checkbox"/>	Highest Crown of the Road
<input type="checkbox"/>	Lowest floor; (Including Basements/Sunken Areas)
<input type="checkbox"/>	Lowest Catch Basin
<input type="checkbox"/>	Lowest Adjacent grade. (Grade immediately adjacent to proposed structure)
<input type="checkbox"/>	Flood Legend and flood notes included on Site Plan.
<input type="checkbox"/>	Provide a copy of the DERM CLASS VI PERMIT
<input type="checkbox"/>	Provide a copy of the DERM Environmental Resource Permit (ERP)/ SFWMD Surface Water Management Permit, and/or Class IV Permit.

CONTACT: DERM WATER CONTROL SECTION, 33 SW 2nd AVE, 2nd FLOOR, 305-372-6681

☐ **This Airport is served or is to be served by a Public Water Supply.**

☐ FOR NEW/ADDITIONAL SERVICE or CHANGE OF USE, provide Water Verification Form from the corresponding utility company.

☐ A Public Water Main extension is required for this project. Provide a copy of the Department of Health Water Extension Approval or provide the recorded copies of the executed service agreement and a recorded estoppel letter for a conditional approval.

☐ **This Airport is served or is to be served by a Sanitary Sewers.**

☐ FOR NEW/ADDITIONAL SERVICE or CHANGE OF USE, provide Sewer Verification Form from the corresponding utility company.

☐ FOR NEW/ADDITIONAL SERVICE or CHANGE OF USE, provide a Sewer Capacity Certification/Allocation Letter.

CONTACT: DERM WATER & WASTEWATER CONVEYANCE SECTION, 33 SW 2ND AVE, 1ST FLOOR, 305-372-6899.

☐ A sanitary sewer main extension is required for this project. The DERM Sewer Extension Approval is **SE#** _____, or provide the recorded copies of the executed service agreement and a recorded estoppel letter for a conditional approval.

☐ **This Airport (HOMESTEAD GENERAL ONLY) is served or is to be served by a Potable Well and Septic Tank/Drainfield.**

☐ Project was previous approved by DERM for the use of a Potable Well and Septic Tank, See the attached approval letter, i.e. EQCB, MDR, or Letter of Interpretation.

☐ FOR NEW/ADDITIONAL SERVICE or CHANGE OF USE, Approval from the DERM Water & Wastewater Treatment Section has been obtained for the use of the Potable Well.

CONTACT: DERM WATER & WASTEWATER TREATMENT SECTION, 33 SW 2ND AVE, 5TH FLOOR.

<input type="checkbox"/>	INTERIOR RENOVATIONS/ DEMOLITIONS; Required signed and sealed Asbestos Survey, or Asbestos Survey Affidavit signed by an Aviation Department Official or an authorized Aviation Department representative attached.
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<input type="checkbox"/>	PAVING & DRAINAGE: CONTACT THE DERM WATER CONTROL SECTION FOR APPROVAL
<input type="checkbox"/>	Provide a copy of the DERM Environmental Resource Permit (ERP)/ SFWMD Surface Water Management Permit, and/or The DERM CLASS VI PERMIT.

<input type="checkbox"/>	INDUSTRIAL FACILITIES. Any site or location where the proposed use will entail the use, handling, storage, or generation of an Industrial/Hazardous material or Waste (e.g. Manufacturing Operations, Repair Shops, Laboratories, Non- Destructive Testing, Equipment, Vehicle or Plane Washing facilities, etc.).	
<input type="checkbox"/>	Engineering Report/ Process Description. Provide any supporting calculations, include the following;	
<input type="checkbox"/>	<input type="checkbox"/>	What is the use of the facility?
<input type="checkbox"/>	<input type="checkbox"/>	What processes are being implemented and used?
<input type="checkbox"/>	<input type="checkbox"/>	What types of materials are being used? i.e. fuels, oils, solvents, etc.
<input type="checkbox"/>	<input type="checkbox"/>	How are these materials being handled and stored?
<input type="checkbox"/>	<input type="checkbox"/>	What Spill Containment and Control measures are being implemented?
<input type="checkbox"/>	<input type="checkbox"/>	Does the operation create a liquid waste, if so how is it disposed of?
<input type="checkbox"/>	<input type="checkbox"/>	Is there any type of Wastewater treatment (i.e. Oil/Water Separator, Silver Recovery, Pre-treatment, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	How is equipment cleaned and maintained, and does that create a waste product?
<input type="checkbox"/>	Equipment Specifications. Provide all manufacturer information and details for all proposed equipment.	
<input type="checkbox"/>	Site/Floor Plan showing the following;	See Sheet(s); _____
<input type="checkbox"/>	<input type="checkbox"/>	Location of work areas
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Layout
<input type="checkbox"/>	<input type="checkbox"/>	Material Storage Areas. Showing Spill Containment
<input type="checkbox"/>	<input type="checkbox"/>	Location of any floor drains
<input type="checkbox"/>	Plumbing plan showing the following;	See Sheet(s); _____
<input type="checkbox"/>	<input type="checkbox"/>	The interconnection of equipment, including point of discharge.
<input type="checkbox"/>	<input type="checkbox"/>	Waste Water Treatment System (i.e. Oil/Water Separator, Silver Recovery System, etc)
<input type="checkbox"/>	<input type="checkbox"/>	Sampling Point/Port
<input type="checkbox"/>	<input type="checkbox"/>	All floor drains and their point of discharge
PROVIDE A 3rd Set of the above-referenced sheets for DERM's Records		

<input type="checkbox"/>	STORAGE TANKS. Any tank system for the storage and dispensing of any hazardous materials (e.g. Underground Storage Tanks (UST), Aboveground Ground Storage Tanks (AST), etc.).	
<input type="checkbox"/>	A Detailed Scope of Work. Provide for a clear understanding of what is being done.	
<input type="checkbox"/>	Site Plan showing the following;	See Sheet(s); _____
<input type="checkbox"/>	<input type="checkbox"/>	Tank(s), Piping (including sloping), Sump(s), Vent Riser(s), Vapor Line Manifolds, and Monitoring Well Layout,etc.
<input type="checkbox"/>	PLANS MUST INDICATE ALL EQUIPMENT/MATERIALS ARE FDEP APPROVED	
<input type="checkbox"/>	<input type="checkbox"/>	For USTs, Plans must signed by a Pollutant System Specialist Contractor
<input type="checkbox"/>	<input type="checkbox"/>	For gasoline fueling systems, Stage II Recovery System must show the California Resources Board (CARB) Order Number
<input type="checkbox"/>	<input type="checkbox"/>	For underground bulk piping, provide details, specifications, calculations for cathodic protection, if applicable
<input type="checkbox"/>	<input type="checkbox"/>	For ASTs, greater than 550 Gallons, containing a regulated substance provide a FDEP Registration Form
<input type="checkbox"/>	<input type="checkbox"/>	For ASTs greater than 550 Gallons, must provide and a Regulated Tanks Spill Prevention Recovery Plan
<input type="checkbox"/>	For ASTs serving a generator, include the FDEP EQ# Approval Number	
PROVIDE a 3rd and 4th the above-referenced sheets for DERM's Records		

I have reviewed the plans and materials being submitted and hereby affirm that the all the items checked off on this list are accurate and have been provided. I acknowledge that if any of the information that I have indicated is not submitted along with this checklist attached to my building permit plans, I may be subject to additional reviews and fees.

CONTACT PERSON: _____ PHONE: _____

Owner, Design Professional (Engineer/Architect) or Authorized Person.
Sign and Date